S A M M A M I S H C H I L D R E N ' S S C H O O L

CONSENT FOR MEDICAL CARE & TREATMENT OF CHILDREN

I hereby give permission that my child, _____, be given emergency treatment to include first aid and CPR by a qualified childcare staff member at the Sammamish Children's School. In the event that I cannot be contacted, I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

_____ _____

Date Signature of Parent or Legal Guardian

EMERGENCY INFORMATION

Doctor's Name: _____ Doctor's Phone #:_____

Dentist's Name: _____ Dentist's Phone #:_____

Insurance Company: _____ Policy #:_____

Allergies & reactions: _____

Medications given regularly: _____

Are there any medical problems or factors that health care professionals will need to know while they are treating your child? _____ If yes, please specify: _____

_____

_____

Parent/Legal Guardian #1	Home Phone #	Work #	Cell #
_____	_____	_____	_____
Parent/Legal Guardian #2	Home Phone #	Work #	Cell #
_____	_____	_____	_____
Emergency Contact	Home Phone #	Work #	Cell #
_____	_____	_____	_____

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